

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN VOTE!

ADDRESS (number and street)

1800 M Street, NW

Ste 375N

☐ Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00473918

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Caroline Fines

Signature of Treasurer

Caroline Fines

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
05		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
05		31		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">393008.56</td></tr></table>	393008.56				
Y	Y	Y	Y	Y													
2014																	
393008.56																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">733079.33</td></tr></table>	733079.33															
733079.33																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">400975.00</td></tr></table>	400975.00					<table><tr><td colspan="5">1430092.61</td></tr></table>	1430092.61									
400975.00																	
1430092.61																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">1134054.33</td></tr></table>	1134054.33					<table><tr><td colspan="5">1823101.17</td></tr></table>	1823101.17									
1134054.33																	
1823101.17																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">718304.59</td></tr></table>	718304.59					<table><tr><td colspan="5">1407351.43</td></tr></table>	1407351.43									
718304.59																	
1407351.43																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">415749.74</td></tr></table>	415749.74					<table><tr><td colspan="5">415749.74</td></tr></table>	415749.74									
415749.74																	
415749.74																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

WOMEN VOTE!

Report Covering the Period:

From:

M M / D D / Y Y Y Y
05 / 01 / 2014

To:

M M / D D / Y Y Y Y
05 / 31 / 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date
11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

299350.00

1048700.00

(ii) Unitemized

1625.00

81392.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

300975.00

1130092.61

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

100000.00

300000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

400975.00

1430092.61

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

400975.00

1430092.61

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

400975.00

1430092.61

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	180163.56	588599.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	180163.56	588599.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E)	538141.03	758751.75
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	50000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	718304.59	1407351.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	718304.59	1407351.43

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	400975.00	1430092.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	400975.00	1430092.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	180163.56	588599.68
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	180163.56	588599.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 35

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Kalik and Associates Inc

Mailing Address 10291 Arizona Circle

City State Zip Code
 Bethesda MD 20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 15 / 2014

Transaction ID : 355706

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Irene Fischer-Davidson

Mailing Address 1733 NW 25th Ave.

City State Zip Code
 Portland OR 97210

FEC ID number of contributing
federal political committee.

C

Name of Employer

None

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 05 / 2014

Transaction ID : 71829

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Nutter

Mailing Address 1201 W 66th St

City State Zip Code
 Kansas City MO 64113

FEC ID number of contributing
federal political committee.

C

Name of Employer

James Nutter & Co.

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 13 / 2014

Transaction ID : 1759

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Juli Greenwald

Mailing Address 3203 Bayshore Blvd Unit 801

City State Zip Code
Tampa FL 33629

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

REQUESTED

REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 28 / 2014

Transaction ID : 571875

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gail Stephens

Mailing Address 7975 Lahontan DR

City State Zip Code
Truckee CA 96161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

None

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 12 / 2014

Transaction ID : 16163

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Amy Conlee

Mailing Address 3050 Peachtree Road
Suite 370

City State Zip Code
Atlanta GA 30305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

None

None

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
05 / 22 / 2014

Transaction ID : 5808

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

13000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Dorene Dominguez

Mailing Address 4540 Duckhorn Dr., Suite 100

City State Zip Code
 Sacramento CA 95834

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Vanir Construction Management

Occupation
 Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 23 / 2014

Transaction ID : 620746

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Swanee Hunt

Mailing Address 168 Brattle Street

City State Zip Code
 Cambridge MA 02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
 The Hunt Alternatives Fund

Occupation
 President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 20 / 2014

Transaction ID : 1573

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C. Cindy Harrell-Horn

Mailing Address 401 Saint Cloud Road

City State Zip Code
 Los Angeles CA 90077

FEC ID number of contributing
federal political committee.

C

Name of Employer

REQUESTED

Occupation

REQUESTED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y
 05 / 19 / 2014

Transaction ID : 8584

Amount of Each Receipt this Period

65000.00

SUBTOTAL of Receipts This Page (optional)..... ►

125000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. Cindy Harrell-Horn

Mailing Address 401 Saint Cloud Road

City

Los Angeles

State

CA

Zip Code

90077

FEC ID number of contributing
federal political committee.

C

Name of Employer

REQUESTED

Occupation

REQUESTED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2014

Transaction ID : 8585

Amount of Each Receipt this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Laurie Michaels

Mailing Address 301 Commerce Street, Suite 3300

City

Fort Worth

State

TX

Zip Code

76102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Psychologist

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2014

Transaction ID : 410517

Amount of Each Receipt this Period

150000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160000.00

299350.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 35
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN VOTE!

Full Name (Last, First, Middle Initial)

A. United Food and Commercial Workers PAC

Mailing Address 1775 K Street, N.W.

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y
05 22 2014

Transaction ID : 100512

Amount of Each Receipt this Period

100000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100000.00

100000.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

WOMEN VOTE!

A. Authorize.net

Category/
Type

80.75

State: District:

B. First Data Merchant Services

Category/
Type

121.38

State: District:

C. America Votes Action Fund

Category/
Type

25000.00

State: District:

25202.13

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

WOMEN VOTE!

Category/
Type

4500.00

State: District:

MM / DD / YYYY

Category/
Type

9049.00

State: District:

Category/
Type

2212.23

State: District:

15761.23

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

WOMEN VOTE!

Category/
Type

MM / DD / YYYY

17712.50

Category/
Type

Age Group	Percentage
18-24	2.86
25-34	1.43
35-44	1.43
45-54	1.43
55-64	1.43
65-74	1.43
75+	1.43

Category/
Type

33715.36

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 35

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
WOMEN VOTE!

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Pivot GroupNature of Debt (Purpose):
NC-12 MailhouseMailing Address 1720 I St., NW
Ste 550City State Zip Code
Washington DC 20006

Outstanding Balance Beginning This Period

77018.38

Transaction ID : SD-1252

Amount Incurred This Period

0.00

Payment This Period

77018.38

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 18 OF 35
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee Pivot Group		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 17 / 2014	
Mailing Address 1720 I St., NW Ste 550		Amount 18608.22	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6208
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014	
Name of Federal Candidate Alma Adams		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Pr	
Full Name of Payee Pivot Group		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 22 / 2014	
Mailing Address 1720 I St., NW Ste 550		Amount 18608.22	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6209
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 09 / 2014	
Name of Federal Candidate Alma Adams		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Pr	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		37216.44	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Caroline Fines</i>		Date M M M / D D D / Y Y Y Y Y Y 06 / 20 / 2014	
		[Electronically Filed]	

Full Name of Payee Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014	
Mailing Address 1720 I St., NW Ste 550		Amount 21193.72	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6211
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 01 / 2014	
Name of Federal Candidate Alma Adams	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input checked="" type="checkbox"/> House	District: 12 State: NC
Calendar Year-To-Date Per Election for Office Sought	119754.50	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Sp-Pr	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	39801.94
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 20 OF 35
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address PO Box 30084		Amount 16541.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-62012
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014	
Name of Federal Candidate Eloise Gomez Reyes		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address PO Box 30084		Amount 14375.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6213
Purpose of Expenditure Web Ads	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014	
Name of Federal Candidate Eloise Gomez Reyes		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		30916.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Caroline Fines		Date MM / DD / YYYY 06 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 05 / 2014	
Mailing Address PO Box 30084		Amount 1500.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6214
Purpose of Expenditure Website	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014	
Name of Federal Candidate Eloise Gomez Reyes		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 06 / 2014	
Mailing Address 1720 I St., NW Ste 550		Amount 11166.15	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6215
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 07 / 2014	
Name of Federal Candidate Wendy Greuel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 33 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12666.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

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Date

MM / DD / YYYY
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2014	
Mailing Address PO Box 30084		Amount 16541.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6216
Purpose of Expenditure Mailhouse	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014	
Name of Federal Candidate Eloise Gomez Reyes		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 08 / 2014	
Mailing Address 1720 I St., NW Ste 550		Amount 11166.15	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6217
Purpose of Expenditure Mailhouse	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2014	
Name of Federal Candidate Wendy Greuel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 33 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	27707.15
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

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Date

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 06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 09 / 2014
Mailing Address PO Box 30084		Amount 15543.00
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6218 Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014
Name of Federal Candidate Eloise Gomez Reyes		Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		180503.56

Full Name of Payee Screen Strategies Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 09 / 2014
Mailing Address 11150 Fairfax Blvd Ste 505		Amount 22500.00
City Fairfax	State VA	Zip Code 22030
Purpose of Expenditure Web Radio	Category/Type	Transaction ID : SE-6219 Date of Disbursement or Obligation MM / DD / YYYY 05 / 06 / 2014
Name of Federal Candidate Wendy Greuel		Office Sought: <input checked="" type="checkbox"/> House District: 33 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
		158519.09

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	38043.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

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Date

MM / DD / YYYY
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 24 OF 35
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 09 / 2014	
Mailing Address PO Box 30084		Amount 11514.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6220
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014
Name of Federal Candidate Brendan Boyle		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		42545.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 09 / 2014	
Mailing Address PO Box 30084		Amount 7775.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6221
Purpose of Expenditure Web Ads		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014
Name of Federal Candidate Brendan Boyle		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		42545.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		19289.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature <i>Caroline Fines</i>		Date MM / DD / YYYY 06 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 09 / 2014	
Mailing Address PO Box 30084		Amount 1000.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6222
Purpose of Expenditure Website		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014
Name of Federal Candidate Brendan Boyle		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		42545.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 12 / 2014	
Mailing Address PO Box 30084		Amount 11128.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6223
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014
Name of Federal Candidate Brendan Boyle		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		42545.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12128.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines
[Electronically Filed]

Date

 MM / DD / YYYY
06 / 20 / 2014

Signature

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ITEMIZED INDEPENDENT EXPENDITURESPAGE 26 OF 35
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NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00473918</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div>					
Full Name of Payee Pivot Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 12 / 2014		
Mailing Address 1720 I St., NW Ste 550			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">10083.23</div>		
City Washington		State DC	Zip Code 20006		Transaction ID : SE-6224
Purpose of Expenditure Mailhouse		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 15 / 2014	
Name of Federal Candidate Wendy Greuel			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>33</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">158519.09</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 14 / 2014		
Mailing Address PO Box 30084			Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">11128.00</div>		
City Seattle		State WA	Zip Code 98113		Transaction ID : SE-6225
Purpose of Expenditure Mailhouse		Category/ Type <div style="border-bottom: 1px solid black; width: 60px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 05 / 08 / 2014	
Name of Federal Candidate Brendan Boyle			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">42545.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">21211.23</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Caroline Fines</i>			Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">M M M</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">D D D</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">Y Y Y Y Y Y Y Y</div> 06 / 20 / 2014		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 19 / 2014	
Mailing Address 1720 I St., NW Ste 550		Amount 19910.90	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6226
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 07 / 2014	
Name of Federal Candidate Wendy Greuel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 33 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 21 / 2014	
Mailing Address 1720 I St., NW Ste 550		Amount 16983.90	
City Washington	State DC	Zip Code 20006	Transaction ID : SE-6227
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 15 / 2014	
Name of Federal Candidate Wendy Greuel		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 33 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	36894.80
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

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Date

MM / DD / YYYY
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 28 OF 35
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014	
Mailing Address PO Box 30084		Amount 7261.35	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6228
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014	
Name of Federal Candidate Eloise Gomez Reyes		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 22 / 2014	
Mailing Address PO Box 30084		Amount 7261.35	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6229
Purpose of Expenditure Mailhouse	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014	
Name of Federal Candidate Pete Aguilar		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		14522.70	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Caroline Fines		Date MM / DD / YYYY 06 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee Pivot Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 27 / 2014		
Mailing Address 1720 I St., NW Ste 550			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">16984.70</div>		
City Washington State DC Zip Code 20006		Transaction ID : SE-6230 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 15 / 2014			
Purpose of Expenditure Mailhouse		Category/Type			
Name of Federal Candidate Wendy Greuel			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 33 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">158519.09</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Pivot Group			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 27 / 2014		
Mailing Address 1720 I St., NW Ste 550			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21200.00</div>		
City Washington State DC Zip Code 20006		Transaction ID : SE-6231 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 05 / 29 / 2014			
Purpose of Expenditure Mailhouse		Category/Type			
Name of Federal Candidate Wendy Greuel			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 33 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">158519.09</div> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">38184.70</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 06 / 20 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">D D D</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div>					
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO Box 30084			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1200.00</div>		
City Seattle		State WA	Zip Code 98113		Transaction ID : SE-6232
Purpose of Expenditure Website		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Eloise Gomez Reyes			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>31</u> <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">180503.56</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">26</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		
Mailing Address PO Box 30084			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">300.00</div>		
City Seattle		State WA	Zip Code 98113		Transaction ID : SE-6233
Purpose of Expenditure Website		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">05</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>	
Name of Federal Candidate Pete Aguilar			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>31</u> <input type="checkbox"/> President State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">180503.56</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1500.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">06</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> / <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2014</div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 31 OF 35
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014
Mailing Address PO Box 30084		Amount 13780.60
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/ Type	Transaction ID : SE-6234 Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Name of Federal Candidate Joe Baca		Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014
Mailing Address PO Box 30084		Amount 14900.20
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/ Type	Transaction ID : SE-6235 Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Name of Federal Candidate Eloise Gomez Reyes		Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	28680.80
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Signature

Date

MM / DD / YYYY
06 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00473918 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 27 / 2014	
Mailing Address PO Box 30084		Amount 14900.20	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6236 Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Purpose of Expenditure Mailhouse		Category/ Type	
Name of Federal Candidate Pete Aguilar		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		180503.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 26 / 2014	
Mailing Address PO Box 30084		Amount 14375.00	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6237 Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2014
Purpose of Expenditure Web Ads		Category/ Type	
Name of Federal Candidate Pete Aguilar		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		180503.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	29275.20
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00473918 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address PO Box 30084		Amount 7369.33	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6238 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Mailhouse		Category/ Type	
Name of Federal Candidate Eloise Gomez Reyes		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
District: 31 State: CA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		180503.56	

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address PO Box 30084		Amount 7369.33	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6239 Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Mailhouse		Category/ Type	
Name of Federal Candidate Pete Aguilar		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate
District: 31 State: CA		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		180503.56	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	14738.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
06 / 20 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 34 OF 35
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 28 / 2014	
Mailing Address PO Box 30084		Amount 13780.60	
City Seattle	State WA	Zip Code 98113	Transaction ID : SE-6240
Purpose of Expenditure Mailhouse		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Name of Federal Candidate Joe Baca		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		180503.56	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Screen Strategies Media		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 03 / 2014	
Mailing Address 11150 Fairfax Blvd Ste 505		Amount 79555.00	
City Fairfax	State VA	Zip Code 22030	Transaction ID : SE-6241
Purpose of Expenditure Media Buy		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 05 / 28 / 2014
Name of Federal Candidate Emily Cain		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME
Calendar Year-To-Date Per Election for Office Sought		79555.00	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		93335.60	
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature Caroline Fines		Date MM / DD / YYYY 06 / 20 / 2014	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 35
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN VOTE!		FEC IDENTIFICATION NUMBER ▼ C C00473918
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee Moxie Media		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014
Mailing Address PO Box 30084		Amount 13505.60
City Seattle	State WA	Zip Code 98113
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6242 Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Joe Baca		Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 180503.56		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Pivot Group		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 29 / 2014
Mailing Address 1720 I St., NW Ste 550		Amount 28524.06
City Washington	State DC	Zip Code 20006
Purpose of Expenditure Mailhouse	Category/Type	Transaction ID : SE-6243 Date of Disbursement or Obligation MM / DD / YYYY 05 / 29 / 2014
Name of Federal Candidate Wendy Greuel		Office Sought: <input checked="" type="checkbox"/> House District: 33 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 158519.09		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42029.66
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	538141.03

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
06 / 20 / 2014

Signature